

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/52351

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1	1	1			52						
3		2		1			53						
4		2		1			54						
5		2		1			55						
6	1		1				56						
7		1	1	1			57						
8		2		1			58						
9		2		1			59						
10		0		1			60						
11	1		1				61						
12		1		1			62						
13		1		1			63						
14		2		1			64						
15	1	2	1	2			65						
16		1		1			66						
17		2		1			67						
18		2		1			68						
19	1		1				69						
20		1		4			70						
21		2		4			71						
22		2		1			72						
23		2		1			73						
24		2		1			74						
25		2		1			75						
26		2		1			76						
27	1		1	1			77						
28		1		1			78						
29		1		1			79						
30				1			80						
31				1			81						
32				1			82						
33				1			83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	6	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	9	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			33				TOTAL CLAIMS						